

On reflection, no other treatment looks so convenient

Many women with genital warts would welcome the convenience and dignity of treating themselves at home.

New Warticon Fem makes self-treatment practical by the simple inclusion of a mirror in every pack.

> Proven to be effective<sup>1</sup> and well tolerated<sup>2</sup> when used in this way,

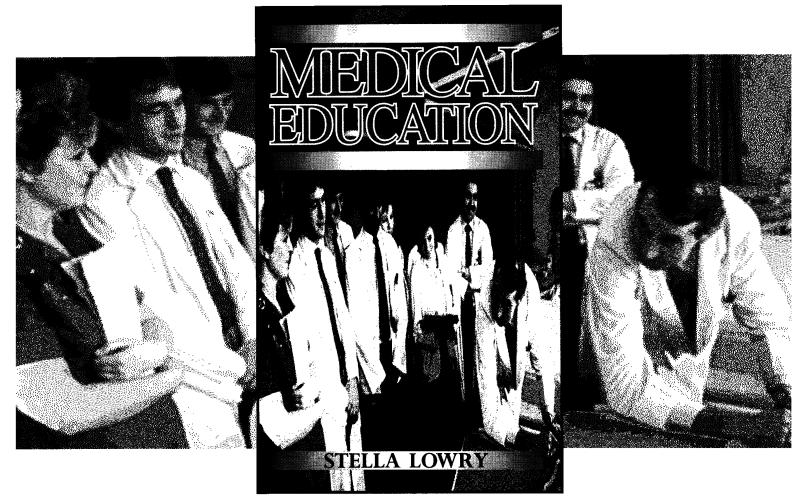
Warticon Fem is now a clear first choice treatment.

ABBREVIATED PRESCRIBING INFORMATION Warticon, Warticon Fem: Podophyllotoxin 0.5% w/v. Presentation: An acidic ethanolic solution of 0.5% w/v podophyllotoxin. Uses: For the topical treatment of condyloma acuminata affecting the penis or the female external genitalia. Dosage and Administration: The affected area should be thoroughly washed with soap and water, and dried prior to application. Using the applicator provided, the warts should be painted twice daily for 3 days. The treated area should be allowed to dry. If residual warts persist, this 3-day treatment may be repeated, at weekly intervals, if necessary, for a total of 4 weeks of treatment. The majority of patients will not of Warticon Solution) may be applied. Where lesions are greater in area than 4cm<sup>2</sup>, it is recommended that treatment takes place under the direct supervision of medical staff. Contra-Indications, Warnings, etc. Open wounds following surgical procedures should not be treated with podophyllotoxin. Hypersensitivity to podophyllotoxin is a contraindication. Avoid contact with the eyes. In the event of the preparation entering the eye, the eye should be thoroughly bathed in water. Side effects: Local irritation may occur on the second or third day of application associated with the start of wart necrosis. In the majority of cases the reactions are mild. Tenderness, smarting, erythema, superficial epithelial ulceration and balanoposthitis have been reported. Local irritation decreases after treatment. Use in Pregnancy: Do not use during pregnancy or lactation. Overdosage: There have been no reported overdosages with Warticon Solution. No specific antidote is known. Following accidental spillage, wash the skin well with soap and water. In the event of accidental ingestion give emetic or stomach washout. Treatment should be symptomatic and in severe oral overdose ensure the airway is clear and give fluids, check and correct electrolyte balance, monitor blood gases and liver function. Blood count should be monitored for at least five days. Pharmaceutical Precautions: Product should be stored at room temperature. Legal Category: POM. Package Quantities: Each bottle contains 3ml of Warticon Solution. Plastic applicators are also enclosed in each pack. Each loop will carry a volume of approximately 5µl Warticon Solution. Warticon Fem also contains a mirror to facilitate accurate application. Basic NHS Cost: Warticon 3ml £16.00, Warticon Fem 3ml £16.00. Product Licence Number: Pl.3863/0007 Date of Preparation: June 1993.



Clearly simple enough for self-application in female genital warts

# What's wrong with medical education?



Many medical graduates are unprepared for the realities of being a doctor. After five years of absorbing factual information, their creative thinking and problem solving skills are poor. Something is wrong with the way students are being taught.

In Medical Education Stella Lowry has put together the current views from the

profession, the GMC's recent review, and a national consensus inquiry by the King's fund. She examines issues such as:

- Selecting and assessing students
- Changing curricula
- Improving the quality of teaching
- Reorganising the preregistration year

The arguments and proposals for improvement are explained clearly, enabling all those involved in teaching medicine – virtually all doctors to contribute to the debates. The book also provides a valuable insight, for teachers and students alike, into the way forward for medical education.

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\*Highest impact of all journals devoted specifically to AIDS according to the Institute of Scientific Information

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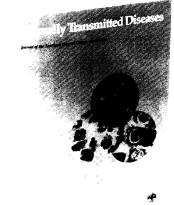
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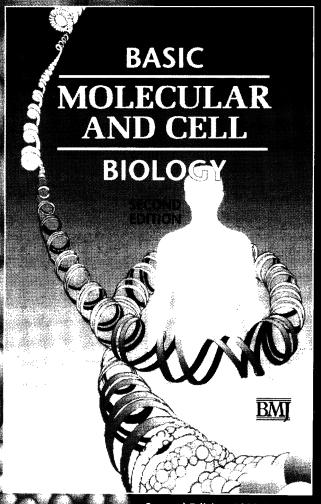
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# **BASIC**

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The study of disease at the molecular and cellular level is revolutionising medicine. Already spectacular progress has been made in identifying the genes involved in some diseases and in understanding cancer pathogenesis, opening up exciting new possibilities for treatment. In Basic Molecular and Cell Biology leaders in the field explain the techniques of molecular and cell biology, which are being applied in specialties as far apart as cardiology and diabetes, and describe their implications for medicine. It will enable doctors, students, and researchers to gain a basic understanding of the subject and some insight into the way in which the medical sciences will be moving over the next few years.

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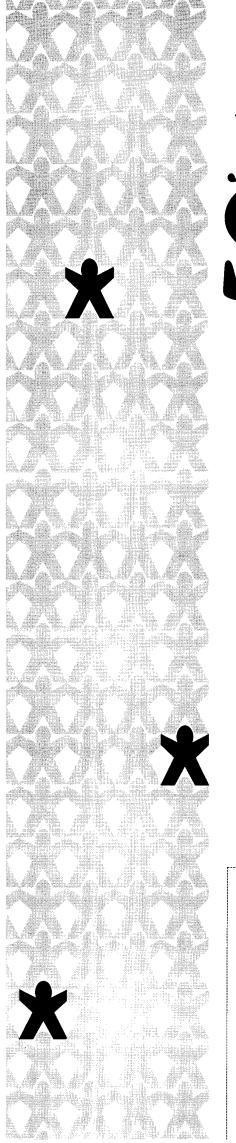
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Journal of Medical Screening is a new quarterly journal to be launched in January 1994 by the BMJ Publishing Group to cover all aspects of medical screening and advance the science of the discipline. The journal aims to bring together specialist groups conducting screening research and establish a liaison with health authorities and policy developers. The philosophy of the journal is that screening should be about the prevention of disability and disease, not simply the early detection of disease as an end in itself.

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The BMA, the BMJ, the King's Fund, the College of Health, and Quality in Health Care invite you to:

# QUALITY'93

#### RAISING QUALITY IN THE NHS: WHAT PROGRESS?



11 November 1993, The Brewery, London EC1

Following the success of the conference on Raising Quality in the NHS held in March 1992, the BMA, the BMJ, the King's Fund, the College of Health, and *Quality in Health Care* are organising a follow up conference. The meeting will review progress with raising quality in the NHS and will also look at what's new in raising quality. A particular focus will be on patients involvement.

The meeting is open to doctors, nurses, all health professionals, managers, politicians, researchers, policy makers, and members of the public. Some bursaries will be available to patients unable to afford the full fee.



#### SESSION A PUTTING PATIENTS AT THE HEART OF RAISING QUALITY

CHAIR: Baroness Jay, Vice Chairman, Parkside Health Authority

What would we do to put patients at the heart of raising quality in the NHS Marks & Spencer Patient defined outcomes Dr Allyson Ross Davies, New England Medical Center, Boston

Involving patients in clinical audit Ms Marianne Rigge, Director, College of Health

#### SESSION B NATIONAL INITIATIVES: WHAT PROGRESS?

CHAIR: Dr Robert Maxwell, Secretary & Chief Executive, The King's Fund

Management Executive Dr Kenneth Calman, Chief Medical Officer, Department of Health

Clinical Standards Advisory Group Sir Gordon Higginson, Chairman, CSAG Audit commission Mr Andrew Foster, Controller, The Audit Commission

# BM

#### SESSION C QUALITY IN PRACTICE: ACHIEVEMENTS SO FAR

CHAIR: Dr Jim Birley, President, BMA

Developments in TQM in the United States Dr Kent Richards, Intermountain Health Care, Salt Lake City

Achievements with TQM in the NHS Professor Alison Ruson, Royal College of Nursing, Oxford

Achievements of audit in the NHS Professor Martin Buxton, Health Economics Research Group, Univ. of West London How long it takes to see benefits from TQM Mr Tony Henry, Principal, East Birmingham College

# College of **Health**

#### SESSION D LOOKING FORWARDS

CHAIR: Dr Richard Smith, Editor, BMJ

Building quality into contracting and purchasing Professor Liam Donaldson, Regional General Manager & Director of Public Health, Northern Regional Health Authority

The links between effectiveness and quality Mr Trevor Sheldon, Centre for Health Economics, Univ. of York Spreading the word - bulletins, Journals, databases, networks Dr Fiona Moss, Editor, "Quality in Health Care"



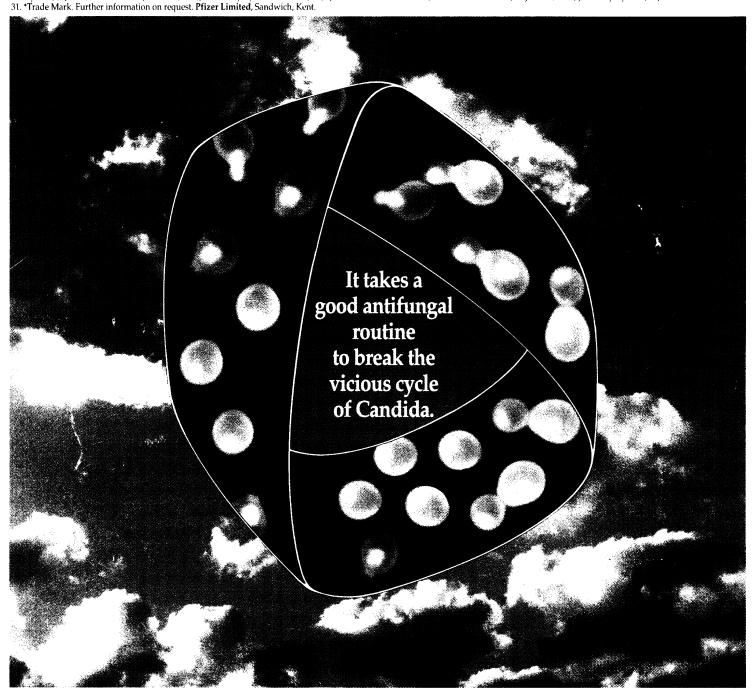
The conference fee is £110.00 inclusive of VAT, lunch and refreshments, and the Journal's supplement (to be published after the meeting). The closing date for applications is 1st November 1993. An application for PGEA accreditation has been made. *The BMA is grateful to Glaxo Laboratories UK for their support of this event.* 

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Abbreviated prescribing information for DIFLUCAN\* (fluconazole) Presentation: Capsules containing 50mg, 150mg or 200mg fluconazole; intravenous infusion containing fluconazole 2mg/ml in 0.9% sodium chloride solution; Powder for Oral Suspension available as two dosage strengths containing either fluconazole 50mg/5ml or 200mg/5ml on reconstitution with 24ml water. Indications and dosage: Systemic candidiasis: 400mg on the first day followed by 200-400mg once daily. Cryptococcosis, including meningitis: 400mg on the first day followed by 200-400mg once daily. Maintenance therapy to prevent relapse of cryptococcal meningitis in patients with AIDS: 100-200mg daily. Oropharyngeal candidiasis: 50-100mg once daily for 7-14 days or longer in immunocompromised patients. Other mucosal candidal infections: 50-100mg once daily for 14-30 days. Prevention of fungal infections in neutropenic patients following cytotoxic chemotherapy or radiotherapy: 50-100mg once daily whilst patients are predisposed to such infections. Dermal fungal infections: 50mg once daily for up to 6 weeks (usually 2-4 weeks - see data sheet). Vaginal candidiasis: single 150mg dose. Use in the elderly - as above except for those renally impaired - see data sheet use in children - not recommended. Administration: DIFLUCAN may be administered either orally or by intravenous infusion at a rate of approximately 5-10ml/min. The dosages for the two routes are equivalent. Contra-indications: Hypersensitivity to fluconazole or related azoles, pregnancy and women of childbearing potential unless adequate contraception is employed. Warnings: Lactation: Not recommended. Renal impairment: dosage reduction may be necessary, see data sheet. Drug interactions: Anticoagulants, cyclosporin, oral sulphonylureas, phenytoin, rifampicin or theophylline. Side-effects: Nausea, abdominal discomfort, diarrhoca, flatulence and rarely anaphylaxis. Legal Category: POM. Basic NHS Cost and Package Quantities: DIFLUCAN capsules in calendar packs containing 7 x 50mg (£16.61, PL 57/0289







DIFLUCAN\* is a highly effective antifungal agent with activity against a wide range of common invasive fungal infections. It should be considered as a first-line treatment in suspected or proven candidal or cryptococcal infections. DIFLUCAN also provides effective prophylactic therapy in neutropenic patients and in patients with solid tumours.<sup>2,3</sup>

DIFLUCAN has a good safety profile and is well tolerated in both its oral and intravenous forms. Since DIFLUCAN is generally better tolerated than I.V. amphotericin B, patients require less hospital care and can be treated on an outpatient basis thus facilitating a substantial reduction in costs.5